

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>TN0105</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/07/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>NHC HEALTHCARE, OAK RIDGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 LABORATORY RD OAK RIDGE, TN 37831</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N1410	<p>1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness</p> <p>(2) Physical Facility and Community Emergency Plans.</p> <p>(a) Physical Facility (Internal Situations).</p> <p>5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.</p> <p>(ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include:</p> <p>(I) Staff duties by department and job assignment; and,</p> <p>(II) Evacuation procedures.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to exercise their annual earthquake drill.</p> <p>The findings include:</p> <p>Record review and interview with the Maintenance Director on May 7, 2012 at 9:10 a.m. confirmed that the facility failed to exercise their annual earthquake drill.</p> <p>This finding was verified by the Maintenance Director and acknowledged by the Administrator during the exit conference on May 7, 2012</p>	N1410	<p>1. Earthquake drill completed 5-21-12.</p> <p>2. No other deficient practices were identified.</p> <p>3. Maintenance director will monitor and ensure completion of annual earthquake drill.</p> <p>4. Maintenance director will ensure completion of annual earthquake drill prior month of March each year.</p>	5-22-12

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]*

5-22-12

STATE FORM

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If continuation sheet 1 of 1

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